

Unit Information and Family Emergency Notification

Emergency

Fire Station: _____

Police: _____

Hospital (closest location, and closest military hospital): _____

Poison Control Center: _____

Emergency Contact Person (family member, neighbor):

Number: _____ (W) _____ (H)

Personal

Employer (name, address, supervisor's name, and telephone number): _____

Spouse's Employer (name, address, supervisor's name, and telephone number): _____

Military Unit (name and address): _____

Unit Point of Contact: _____

Chief/First Sergeant; Supervisor): _____

Telephone Number: _____ (W) _____ (H)

Family Readiness Program or Key Caller: _____

Telephone Number: _____ (W) _____ (H)

Family Service Center: _____

Child Care (name, location, telephone number): _____

Schools:

Name	Location	Telephone number	Teacher or Guidance Counselor

Doctors (name, location, and telephone number): _____

Dentist (name location, and telephone number): _____

Veterinarian: _____

Other important numbers: _____

Emergency Notification (if spouse is deployed or away at training):

If an emergency arises in the family (death, car accident, illness), contact:

- Spouse's military unit (Rear Detachment Commander, Family Readiness Program, Family Readiness Group (FRG) Coordinator)
Telephone number:

- American Red Cross
Telephone number:

Provide the following information:

- Service member's full name and social security number
- Nature of emergency
- Telephone number and contact information